

Spring 2013 Autism Institute Workshop Registration Form

Name: _____ Title: _____

Street Address: _____ City: _____ State: ____ Zip: _____

Phone: _____ Email: _____

School Affiliation _____

Workshop Attending

☐ Sixth Annual Autism Institute Conference (\$50 fee for those individuals who do not live or work in Montgomery County)

Payment Information

☐ Check (Please make checks payable to Gwynedd-Mercy College.)

Credit Card: ☐ Visa ☐ MasterCard Credit Card Number: _____ Expiration Date: _____

Name as it appears on card: _____ Signature: _____

☐ Check here if credit card billing address is the same as mailing address. If not, please provide billing address:

Mail or Fax application to:

Autism Institute, Gwynedd-Mercy College, 1325 Sumneytown Pike, PO Box 901, Gwynedd Valley, PA 19437-0901

Fax: 215-542-4695